MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/049284

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10	1							60						
11		1						61						
12		1						62						
13		1						63						
14	1							64						
15		1						65						
16		1						66						
17		1						67						
18	1							68						
19		1						69						
20	1							70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	5	→	→	→				TOTAL IND.	→	→	→			
TOTAL DEP.	25	→	→	→				TOTAL DEP.	→	→	→			
TOTAL CLAIMS	30							TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS